L16000060758

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Ony/State/Lip/) Holle #/
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Octanidates of States
Special Instructions to Filing Officer:
:

Office Use Only



400276432674

03/22/16--01028--023 **155.00

x 03/29/16

KRISTIN GENTILE WHITE, P.C.

March 16, 2016

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

RE: Housekens, LLC.

Dear Division of Corporations:

I attached the completed Articles of Organization for Housekens, LLC.

Please send all correspondence to:

Law Office of Kristin Gentile White, 3336 East Chandler Heights Road, Suite #117 Gilbert, Arizona 85298

sin Gentill AV

Or you can reach my office at 480-855-4066 id you should have any questions.

Let us know if you need any further information to process this request.

Sincerely,

Kristin Gentile White

Attorney at Law

enclosures

5 MAR 22 AND S

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

TICLE I - Name:	
name of the Limited Liability Company is:	
HOUSEKENS, LLC	
(Must end with the words "Limited Liab	oility Company, "L.L.C.," or "LLC.")
	of the Limited Liability Company is:
	of the Limited Liability Company is: Mailing Address:
	Mailing Address:
e mailing address and street address of the principal office	, , ,
e mailing address and street address of the principal office Principal Office Address:	Mailing Address:

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

City	State	Zip
PALM COAST,	FL	32137
Florida street address	s (P.O. Box NOT a	cceptable)
70 RIVER TRAIL D	RIVE	<u> </u>
	Name	
FREDERICUS HUIJ	SKENS	 –
PREDEDICTIONS	CIZENIO	

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

5 11年 22 21年 3

Á	R	Ŧ	I	\mathbf{C}	L	E	ľ	V.

The name and address of each person authorized to manage and control the Limited Liability Company:

MGR" = Manager FREDERICUS HUIJSKENS 70 RIVER TRAIL DRIVE PALM COAST, FL 32137 MBR	Title: "AMBR" = Authorized Member	Name and Address:
MBR FREDERICUS HUIJSKENS 70 RIVER TRAIL DRIVE PALM COAST, FL 32137 FREDERICUS HUIJSKENS 70 RIVER TRAIL DRIVE PALM COAST, FL 32137 V: Effective date, if other than the date of filing: (OPTIONAL) (OPTIONAL)		
MBR FREDERICUS HUIJSKENS 70 RIVER TRAIL DRIVE PALM COAST, FL 32137 See attachment if necessary) V: Effective date, if other than the date of filing: (OPTIONAL) ive date is listed, the date must be specific and cannot be more than five business days prior to or 9 filing.) e date inserted in this block does not meet the applicable statutory filing requirements, this date will not set of the date on the Department of State's records. VI: Other provisions, if any. EQUIRED SIGNATURE: Signature of a member: This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes 1 am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. FREDERICUS HUIJSKENS Typed or printed name of signee Filing Fees: 5125.00 Filing Fee for Articles of Organization and Designation of Registered Agent 530.00 Certified Copy (Optional) 535.00 Certificate of Status (Optional)	MGR	FREDERICUS HUIJSKENS
PALM COAST, FL 32137 FREDERICUS HUJISKENS 70 RIVER TRAIL DRIVE PALM COAST, FL 32137 V: Effective date, if other than the date of filing: (OPTIONAL) we date is listed, the date must be specific and cannot be more than five business days prior to or 9 filing. e date inserted in this block does not meet the applicable statutory filing requirements, this date will nent's effective date on the Department of State's records. VI: Other provisions, if any. EQUIRED SIGNATURE: Signature of a membor of a membor of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. FREDERICUS HUJISKENS Typed or printed name of signee Filing Fees: 50.00 Certified Copy (Optional) 51.5.00 Certificate of Status (Optional)		
Signature of a member of a member of statutory filing requirements, this date will not set of the provisions, if any. EQUIRED SIGNATURE: Signature of a member of a member of state in a document to the Department of State in a may false information submitted in a document to the Department of State in a may false information submitted in a document to the Department of State in a may false information submitted in a document to the Department of State in a may false information submitted in a document to the Department of State information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. FREDERICUS HUIJSKENS Typed or printed name of signee Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$5.30.00 Certificate of Status (Optional)		
Signature of a member of a member of statutory filing requirements, this date will not set of the provisions, if any. EQUIRED SIGNATURE: Signature of a member of a member of state in a document to the Department of State in a may false information submitted in a document to the Department of State in a may false information submitted in a document to the Department of State in a may false information submitted in a document to the Department of State in a may false information submitted in a document to the Department of State information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. FREDERICUS HUIJSKENS Typed or printed name of signee Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$5.30.00 Certificate of Status (Optional)		· · · · · · · · · · · · · · · · · · ·
Signature of a membor of a membor of a membor. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes I am aware that any false information submitted in a document to the Department of State is an aware that any false information submitted in a document to the Department of State is executed in accordance with section 605.0203 (1) (b), Florida Statutes I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. FREDERICUS HUIJSKENS Typed or printed name of signee Filing Fees: 5125.00 Filing Fee for Articles of Organization and Designation of Registered Agent (5 30.00 Certificate of Status (Optional))	AMBR	
V: Effective date, if other than the date of filing:		
V: Effective date, if other than the date of filing:		PALM COAST, FL 32137
V: Effective date, if other than the date of filing:		
V: Effective date, if other than the date of filing:		
V: Effective date, if other than the date of filing:		
V: Effective date, if other than the date of filing:		
V: Effective date, if other than the date of filing:		
V: Effective date, if other than the date of filing:		·
V: Effective date, if other than the date of filing:		
V: Effective date, if other than the date of filing:		
V: Effective date, if other than the date of filing:	Jse attachment if necessary)	
Signature of a member of an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. FREDERICUS HUIJSKENS Typed or printed name of signee Filing Fees: 5125.00 Filing Fee for Articles of Organization and Designation of Registered Agent 5 30.00 Certified Copy (Optional)	tive date is listed, the date must be filling.) are date inserted in this block does n	e specific and cannot be more than five business days prior to or 9 not meet the applicable statutory filing requirements, this date will no
Signature of a member of an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. FREDERICUS HUIJSKENS Typed or printed name of signee Filing Fees: 5125.00 Filing Fee for Articles of Organization and Designation of Registered Agent 5 30.00 Certified Copy (Optional)	tive date is listed, the date must be filing.) ne date inserted in this block does neent's effective date on the Departm	e specific and cannot be more than five business days prior to or 9 not meet the applicable statutory filing requirements, this date will no
Signature of a member of an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. FREDERICUS HUIJSKENS Typed or printed name of signee Filing Fees: 5125.00 Filing Fee for Articles of Organization and Designation of Registered Agent 5 30.00 Certified Copy (Optional)	tive date is listed, the date must be filing.) the date inserted in this block does neen's effective date on the Department.	e specific and cannot be more than five business days prior to or 9 not meet the applicable statutory filing requirements, this date will no
I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. FREDERICUS HUIJSKENS Typed or printed name of signee Filing Fees: 5125.00 Filing Fee for Articles of Organization and Designation of Registered Agent 5 30.00 Certified Copy (Optional)	tive date is listed, the date must be filing.) ne date inserted in this block does nent's effective date on the Departm VI: Other provisions, if any.	e specific and cannot be more than five business days prior to or 9 not meet the applicable statutory filing requirements, this date will no
Typed or printed name of signee Filing Fees: 5125.00 Filing Fee for Articles of Organization and Designation of Registered Agent 30.00 Certified Copy (Optional) 5 5.00 Certificate of Status (Optional)	tive date is listed, the date must be filing.) ne date inserted in this block does nent's effective date on the Departm VI: Other provisions, if any. EQUIRED SIGNATURE:	not meet the applicable statutory filing requirements, this date will need of State's records.
Filing Fees: 5125.00 Filing Fee for Articles of Organization and Designation of Registered Agent 5 30.00 Certified Copy (Optional) 5 5.00 Certificate of Status (Optional)	tive date is listed, the date must be filing.) the date inserted in this block does not ent's effective date on the Department's effective date of the Department's effective date on the Department's effective date on the Department's effective date of the Depar	a member of an authorized representative of a member. eccuted in accordance with section 605.0203 (1) (b), Florida Statutes false information submitted in a document to the Department of State.
Filing Fees: 6125.00 Filing Fee for Articles of Organization and Designation of Registered Agent 6 30.00 Certified Copy (Optional) 6 5.00 Certificate of Status (Optional)	tive date is listed, the date must be filing.) the date inserted in this block does not ent's effective date on the Department's effective date of the Depar	a member of an authorized representative of a member. The eccuted in accordance with section 605.0203 (1) (b), Florida Statutes false information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S. JS HUIJSKENS
5125.00 Filing Fee for Articles of Organization and Designation of Registered Agent 5 30.00 Certified Copy (Optional) 5 5.00 Certificate of Status (Optional)	tive date is listed, the date must be filing.) ne date inserted in this block does nent's effective date on the Departm VI: Other provisions, if any. EQUIRED SIGNATURE: Signature of a This document is ex I am aware that any constitutes a third de	a member of an authorized representative of a member. The eccuted in accordance with section 605.0203 (1) (b), Florida Statutes false information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S. JS HUIJSKENS
5 5.00 Certificate of Status (Optional)	tive date is listed, the date must be filing.) the date inserted in this block does not ent's effective date on the Department's effective date of the Depar	a member of an authorized representative of a member. Tecuted in accordance with section 605.0203 (1) (b), Florida Statutes false information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S. Typed or printed name of signee
5 5.00 Certificate of Status (Optional)	tive date is listed, the date must be filing.) ne date inserted in this block does nent's effective date on the Departm VI: Other provisions, if any. EQUIRED SIGNATURE: Signature of a This document is ex I am aware that any constitutes a third de FREDERICU	a member of an authorized representative of a member. Tecuted in accordance with section 605.0203 (1) (b), Florida Statutes false information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S. JS HUIJSKENS Typed or printed name of signee Filing Fees:
	tive date is listed, the date must be filing.) ne date inserted in this block does nent's effective date on the Departm VI: Other provisions, if any. EQUIRED SIGNATURE: Signature of a This document is ex I am aware that any constitutes a third de FREDERICU. \$125.00 Filing Fee for Articles of	a member of an authorized representative of a member. eccuted in accordance with section 605.0203 (1) (b), Florida Statutes false information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S. JS HUIJSKENS Typed or printed name of signee Filing Fees: Organization and Designation of Registered Agent
**/ <i>J</i>	tive date is listed, the date must be filing.) the date inserted in this block does not ent's effective date on the Department's effective date on the Department. VI: Other provisions, if any. Signature of a This document is exist a maware that any is constitutes a third defended from the provisions. FREDERICL \$125.00 Filing Fee for Articles of \$30.00 Certified Copy (Optiona)	a member of an authorized representative of a member. decented in accordance with section 605.0203 (1) (b), Florida Statutes false information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S. JS HUIJSKENS Typed or printed name of signee Filing Fees: Organization and Designation of Registered Agent iting by
	tive date is listed, the date must be filing.) the date inserted in this block does not ent's effective date on the Department's effective date on the Department. VI: Other provisions, if any. Signature of a This document is exist a maware that any is constitutes a third defended from the provisions. FREDERICL \$125.00 Filing Fee for Articles of \$30.00 Certified Copy (Optiona)	a member of an authorized representative of a member. decented in accordance with section 605.0203 (1) (b), Florida Statutes false information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S. JS HUIJSKENS Typed or printed name of signee Filing Fees: Organization and Designation of Registered Agent iting by

as